

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	800	6298601	9/28
O.I.P.E. CLASSIFIER			10/10-5-00
FORMALITY REVIEW		64477	11-14-00
RESPONSE FORMALITY REVIEW		64477	1-4-01

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final Original	Date
1	○	9/22/00
2	✓	
3	✓	
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If more than 150 claims or 10 actions  
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